

KIPP: NJ KIPP: MIAMI

2021-2022 EMPLOYEE BENEFITS GUIDE



Benefits Effective: July 1, 2021 - June 30, 2022

As a new-benefits eligible employee, you may elect to enroll in the Health and Welfare plans described in this guide. We encourage you to take the time to carefully review the information in this guide to ensure that you make the best decisions for you and your family.

Once you have submitted your final elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualifying life event (see page 3 for details).

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QUESTIONS?

If you have any questions about the benefits outlined in this guide or the enrollment process, please contact Human Resources by email at humanresources@kippnj.org.

WELCOME!

WHO IS ELIGIBLE?

Full-time permanent employees regularly working at least 30 hours per week are eligible to enroll in the KIPP New Jersey or KIPP Miami benefit plans.

The benefits you elect will be effective through June 30, 2022.

Once you have submitted your final elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualifying life event.

MAKING PLAN CHANGES

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a qualifying life event, such as marriage, divorce, death of a spouse, civil union partner or a dependent, birth or adoption of a child, termination or commencement of employment for your spouse/civil union partner, a change in employment status (full-time to part-time or part-time to full-time) for you or your spouse/civil union partner that affects benefits eligibility, or taking an unpaid, medical leave of absence by either you or your spouse/civil union partner.

If you experience one of these qualifying life events, you must notify Human Resources via email at humanresources@kippnj.org within 30 days of the event.



BENEFIT RESOURCES

Conner Strong & Buckelew



BENEPORTAL

BenePortal is the KIPP New Jersey and KIPP Miami virtual employee benefits portal, providing access to company benefits programs, health and wellness information, recommended links, pertinent forms and guides, and a wealth of additional tools and resources.

Simply go to www.kippteamandfamilybenefits.org to access your benefits information today

MEMBER ADVOCACY

We know it is often difficult to fully understand your health benefits and use them properly, especially when insurance companies make more and more changes to the way plans are administered and how claims are paid. You can contact Member Advocacy for assistance if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your healthcare benefits work
- Need help to resolve a problem you've been working on

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm ET. You can contact the Member Advocacy Team in any of the following ways:

- Via phone: **800.563.9929**
- Via the web: www.connerstrong.com/memberadvocacy
- Via email: cssteam@connerstrong.com

MEDICAL PLAN OPTION

Aetna

Good News! New coverages added for the 2021-2022 benefit year. Effective July 1, 2021 KIPP's medical plan will cover bariatric surgery. As a reminder, visiting an in-network provider will help you realize the lowest out-of-pocket costs.

AETNA HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

BENEFIT DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual / Family	\$1,400/\$2,800	\$1,750/\$3,500
Coinsurance Applies to all expenses unless otherwise stated.	Member pays 0%	Member pays 20%
Out-of-Pocket Maximum Individual / Family	\$2,100/\$4,200	\$2,550 / \$5,100
Preventive Care Services	Plan pays 100%	Plan pays 80% after deductible
Primary Care Physician (PCP) Office Visit	Plan pays 100% after deductible	Plan pays 80% after deductible
Specialist Office Visit	Plan pays 100% after deductible	Plan pays 80% after deductible
Diagnostic Lab/ X-Ray Diagnostic Laboratory Diagnostic X-ray Diagnostic Outpatient Complex Imaging	Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible	Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible
Emergency Room	Plan pays 100% after deductible	Plan pays 100% after deductible
Urgent Care Center	Plan pays 100% after deductible	Plan pays 80% after deductible
Inpatient Hospital	Plan pays 100% after deductible	Plan pays 80% after deductible
Outpatient Surgery Physician's Office or Ambulatory Surgical Center Hospital Surgical Center	Plan pays 100% after deductible Plan pays 100% after deductible	Plan pays 80% after deductible Plan pays 80% after deductible
NEW! Bariatric Surgery	Plan pays 100% after deductible	Plan pays 80% after deductible

*KIPP will provide you with a wellness bonus of 80% of your in-network deductible if you elect our medical plan.

PREVENTIVE CARE

Preventive Care services are covered 100% in-network - no copays or coinsurance!

Screenings for cholesterol, diabetes, prostate cancer and thyroid disease are just some of the preventive care screenings available through our medical plans. Don't guess when it comes to your health - make the most of your healthcare investment and take advantage of the preventive care services that are covered 100% in-network.

MEDICAL OPT-OUT BONUS

If you decide to waive KIPP's medical coverage, you will be eligible for a \$1,500 bonus. You must provide proof of other coverage to opt out of our plan and receive the bonus.

The first half of the bonus (\$750) is paid out in the October 15th payroll. The second half (\$750) is paid out in the February 15th payroll.

PRESCRIPTION DRUG PLAN

Aetna

If you elect to participate in the medical plan, you are automatically enrolled in the prescription drug plan. **Please Note: You must meet your medical deductible before the prescription drug copay amounts apply. You may experience higher than usual prescription payments until your yearly deductible has been met.**

PRESCRIPTION TYPE	RETAIL PHARMACY	MAIL ORDER
	UP TO A 30-DAY SUPPLY	UP TO A 90-DAY SUPPLY
Generic	\$15 copay*	\$30 copay*
Preferred Brand	\$25 copay*	\$50 copay*
Non-Preferred Brand	\$40 copay*	\$80 copay*

* After in-network medical deductible (\$1,400/\$2,800).

SAVE WITH MAIL ORDER

Using the mail order program for your maintenance medications will save you money. You will receive **up to a 90-day (3-month) supply** for two retail copays. In addition to the savings, your prescriptions will be delivered right to your home.

For more information and to begin using mail order please visit www.aetna.com. You will also need to obtain a prescription from your doctor written for 90 days.

How Much Can You Save When You Use Mail Order? *Compare for yourself...*

RETAIL PHARMACY UP TO A 30-DAY SUPPLY	MAIL ORDER UP TO A 90-DAY SUPPLY	ANNUAL SAVINGS
Preferred Brand-Name Copay \$25	Preferred Brand-Name Copay \$50	\$100
Annual cost (\$25 per month x 12 fills) \$300	Annual cost (\$50 per order x 4 fills per year) \$200	



HEALTH SAVINGS ACCOUNT

PayFlex

WHAT IS AN HSA?

If you participate in the Medical HDHP, you will be automatically enrolled into a Health Savings Account (HSA). An HSA is a tax-exempt savings account that can be used for contributions, earnings and withdrawals for eligible expenses (an expense which pays for care as described in Section 213 (d) of the Internal Revenue Code).

Please note that KIPP New Jersey and KIPP Miami will contribute \$1,120 toward your HSA for employee only coverage, and \$2,240 if you cover at least one dependent. Please keep in mind that this amount is 80% of your health plan in-network deductible! If needed, you will be responsible for the remaining 20% of your medical deductible.

The major differences between an HSA and a Flexible Spending Account (FSA) are:

- An HSA is portable.
- There is no “use it or lose it” provision with an HSA. If you don’t use the money in your account by the end of the year, it stays there and collects interest on a tax-deferred basis.
- An HSA includes a banking partner that offers you several investment options that suit your needs.
- An HSA does not require third party substantiation for transactions; however, you should keep records of these transactions in the event of an IRS audit.



GETTING STARTED IS EASY!

The maximum amount that can be contributed to an HSA in a tax year is established by the IRS and is dependent on whether you have single or family coverage in the HDHP plan.

For 2021, the contribution limits are:

- **\$3,600** (\$4,600 if age 55 or over) for single coverage
- **\$7,200** (\$8,200 if age 55 or over) for family coverage

Please note these maximum amounts include the funds deposited into your account from KIPP. You are able to contribute \$2,480 for single coverage and \$4,960 for family coverage for the year.

PLEASE NOTE: If you are covered under another health plan, including Medicare, that is not a high-deductible health plan, you are not eligible for a health savings account.

For a full list of eligible HSA expenses and other tools and resources, please visit www.payflex.com.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Discovery Benefits

Please note that only employees who are not enrolled in the KIPP New Jersey and KIPP Miami medical plan are eligible to enroll in a Flexible Spending Account.

HEALTHCARE FSA

A **Healthcare Flexible Spending Account** is used to reimburse eligible healthcare out-of-pocket medical expenses incurred by you and your dependents. The 2021 maximum that you can contribute to the Healthcare FSA is \$2,750 in accordance with IRS regulations. KIPP New Jersey and KIPP Miami do **NOT** provide employer contributions towards your FSA.

Reminder: You are eligible to carry over up to \$500 of Healthcare FSA unused funds remaining, permitting re-enrollment in the new plan year. Any eligible funds will be credited towards your new FSA account balance after the run out period ends. Any unused amounts over \$500 will be forfeited.

Run Out Period: You have 90 days after the end of the plan year to submit claims incurred prior to the 2021-2022 FSA plan year. The deadline for the run out period is September 30, 2021.

DEPENDENT CARE FSA

A **Dependent Care Flexible Spending Account** is used to reimburse expenses related to the care of eligible dependents while you and your spouse work. The maximum that you can contribute to the Dependent Care FSA is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.

Reminder: The Dependent Care FSA has a "Grace Period" of 2 1/2 months. During the Grace Period you may incur and submit prior year dependent care expenses.

COMMUTER BENEFIT

A **Commuter Benefit** plan allows you to set aside up to \$270 per month (on a pre-tax basis) that can be used for qualified transit to commute to and from work, such as: mass transit, train, subway, bus fares, and ferry rides.

You can use your benefits debit card to pay providers directly at the time of service from your transit account.

If a transit facility doesn't accept the debit card payment, you can pay out of pocket and submit a reimbursement request through the Benefits Mobile App by Discovery Benefits or your online account.

View an expanded list of eligible medical expenses, information about using the debit card, as well as additional details for the pre tax Commuter Benefit by visiting www.discoverybenefits.com.

VISION PLAN

Aetna

Please note there have been minor benefit changes to the vision plan. Benefits that have changes are bolded in the summary below.

AETNA VISION PREFERRED	IN-NETWORK	OUT-OF-NETWORK
Exam - Covered once every 12 months Routine Eye Exam Standard Contact Lens Fit/Follow-Up Premium Contact Lens Fit/Follow-Up	\$20 Copay Member pays discounted fee of \$40 Member pays 90% of Retail	\$24 Reimbursement Not Covered Not Covered
Frames - Covered once every 24 months	\$130 Allowance * Additional 20% off balance	\$90 Reimbursement
Lenses - Covered once every 12 months Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses Standard Progressive Vision Lenses Premium Progressive Vision Lenses	\$20 Copay \$20 Copay \$20 Copay \$20 Copay \$85 Copay Tier 1: \$85 copay; Tier 2: \$95 copay; Tier 3: \$110 copay	\$15 Reimbursement \$30 Reimbursement \$60 Reimbursement \$60 Reimbursement \$30 Reimbursement \$30 Reimbursement
Contact Lenses - Covered once every 12 months (in lieu of eyeglasses)	\$130 Allowance; Additional 15% off balance	\$90 Reimbursement
Additional In Network Discounts Additional Pair of Eyeglasses or Prescription Sunglasses Non-Covered Items Lasik Laser Vision Correction (PRK-US Laser Network)	Up to 40% Discount 20% Discount 15% off Retail or 5% off Promotional Pricing	N/A

* Allowances are one-time use benefits. No remaining balances may be used. Aetna does not provide a declining balance benefit.

NEED HELP FINDING A PROVIDER?

Go to www.aetna.com, click "Find a Doctor", then "Search". Please complete the fields and search based on city and state or zip code.



DENTAL PLAN

Aetna

	LOW PLAN	HIGH PLAN
	IN & OUT-OF-NETWORK	IN & OUT-OF-NETWORK
Annual Deductible		
Individual	\$100	\$25
Family	\$300	\$75
Annual Maximum (per patient)	\$1,000	\$3,000
Preventive & Diagnostic Services		
Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (once in a calendar year, children to age 19)	Plan pays 100% No Deductible	Plan pays 100% No Deductible
Basic Services		
Fillings, Stainless Steel Crowns, Uncomplicated Extractions, Surgical Removal of Erupted Tooth, Surgical Removal of Impacted Tooth	Plan pays 60% after deductible	Plan pays 100% after deductible
Major Services		
Root Canal Therapy, Inlays, Onlays, Crowns, Full and Partial Dentures	Plan pays 40% after deductible	Plan pays 60% after deductible
Orthodontia Benefits (Adult and Child)	Not Covered	Plan pays 50% No Deductible
Orthodontia Lifetime Maximum	Not Covered	\$3,000

HAVE QUESTIONS?

For more information or to locate participating Aetna dental providers, please visit www.aetna.com.



FINDING A PROVIDER

Aetna

USE AETNA'S ONLINE DIRECTORY TO:

- **Save money.** Your costs are usually lower when you choose doctors, hospitals, walk-in clinics, labs and other health providers in Aetna's network. So we point them out to you.
- **See the latest.** There is a lot of helpful information on network doctors and facilities. And it's updated daily.
- **Get your results.** Once you sign up for your member website, Aetna's directory "recognizes" your health benefits and insurance plan. That means search results are right for you.

FIND WHAT YOU NEED

Search using a doctor's name, or by:

- City, State, Zip
- Specialty
- Hospital affiliation
- Gender
- Whether they're accepting new patients

And let's say that you have arthritis. Or asthma. You can search for doctors who treat these and many other conditions.



MORE INFO TO KNOW

Plus, you get behind-the-scenes details on:

- Aetna plans accepted
- Office locations and directions
- Languages spoken

TO START YOUR SEARCH

- If you're a member, you have a personalized version of the directory. It "recognizes" you and your plan. Just login to your member website to search.
- If you're not registered on Aetna's website, you can still view the online directory by visiting www.aetna.com, clicking on "Individuals", "Find a Doctor" and then "Plan From an Employer" under the **Guests** section.

Find your in-network provider at
www.aetna.com.

ACCIDENT & HOSPITAL COVERAGE

Voya/Compass



ACCIDENT

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date. The benefit amount depends on the type of injury and care received. For example, if you or a covered dependent dislocate a shoulder, the Accident Insurance will pay you up to \$600.

For more information on this policy, and to view a list of covered accidents and their corresponding payment amounts, please visit www.kippteamandfamilybenefits.org. Please note that dependents are eligible for this coverage.

HOSPITAL

Hospital Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. You have the option to purchase a daily benefit amount of \$250. The benefit amounts paid depend on the type of facility and the number of days in confinement. Any combination of confinement benefits payable will not exceed a total of 30 days during a period of confinement.

- **Hospital:** The benefit payment is 1x the daily benefit amount, up to 30 days per confinement.
- **Critical Care Unit (CCU):** The benefit payment is 2x the daily benefit amount, up to 15 days per confinement.
- **Rehabilitation Facility:** The benefit payment is one-half of the daily benefit amount, up to 30 days per confinement.
- **Initial Confinement Benefit:** The benefit is one additional benefit of \$250 after confinement in a hospital, critical care unit and/or rehabilitation facility. This benefit is limited to a maximum of four Initial Confinement Benefits per calendar year for all covered persons, but no more than one for each covered person.

For more information on this policy, please visit www.kippteamandfamilybenefits.org. Please note that dependents are eligible for this coverage.

EMPLOYEE ASSISTANCE PROGRAM

SupportLinc

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, SupportLinc will be there to help. The SupportLinc employee assistance program (EAP) is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. SupportLinc, available to you and your immediate family members, provides confidential, professional referrals and up to five (5) face-to-face counseling sessions for a wide variety of concerns, such as:

- Anxiety
- Depression
- Marriage and relationship problems
- Grief and loss
- Substance abuse
- Anger management
- Work-related pressures
- Stress

EXPERT REFERRALS AND CONSULTATION

Whether you are a new parent, a caregiver, selling your home or looking for legal advice, you're likely to need guidance and referrals to expert resources.

- **Legal Assist.** Free telephonic or face-to-face legal consultation
- **Financial Assist.** Expert financial planning and consultation
- **Family Assist.** Consultation and referrals for everyday issues, such as dependent care, auto repair, pet care and home improvement.

CONFIDENTIALITY

SupportLinc upholds strict confidentiality standards. Nobody, including your employer, will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information.

TECHNOLOGY AND YOUR EAP

WEB

- Thousands of helpful articles and tip sheets for personal and work-related topics
- Search engines and directories for child care, elder care, education, legal, financial and convenience services
- Discounted fitness center memberships
- Secure video counseling through the eConnect® Portal
- 20-minute eLearning modules
- Bilingual content (English and Spanish)

MOBILE

- eConnect® Mobile App for on-the-go access to the EAP
- Call or live chat with a licensed counselor
- Schedule video or in-person counseling
- Review a summary of the EAP

CONTACT SUPPORTLINC

Call us at **888.881.5462** or visit

<https://kipptaf.mysupport.com>

RETIREMENT PLANS

KIPP NEWARK AND KIPP CAMDEN

School-based staff are automatically enrolled in the New Jersey State Pension program. The 2021-2022 pension contribution is 7.5% of your salary. The pension includes life insurance while you are enrolled, and offers vesting after 10 years of service.

An optional 403(b) retirement plan is also offered, and KIPP Newark and KIPP Camden will provide a yearly contribution match as shown in the table below.

Contributions for both retirement programs are collected through payroll deductions.



KIPP NEW JERSEY AND KIPP MIAMI STAFF

KIPP NJ and KIPP Miami staff are not eligible to participate in the State Pension program, so these employees are automatically enrolled in a 403(b) retirement plan. KIPP NJ & KIPP Miami provides a 3% profit share and will match employee elections - dollar for dollar - up to 3% of their salary each pay.

Employee contributions are collected through payroll deductions.

- 3% of your salary is automatically contributed
- Plus, a dollar for dollar match for any amount that you contribute up to 3% of your salary
- Full vesting in 3 years

YEARS WITH TEAM/KCNA	MATCH
1st Year	\$600
2nd Year	\$900
3rd Year	\$1,200
4th+Year	\$1,500

NEW! FINANCIAL ADVISORS

Spring

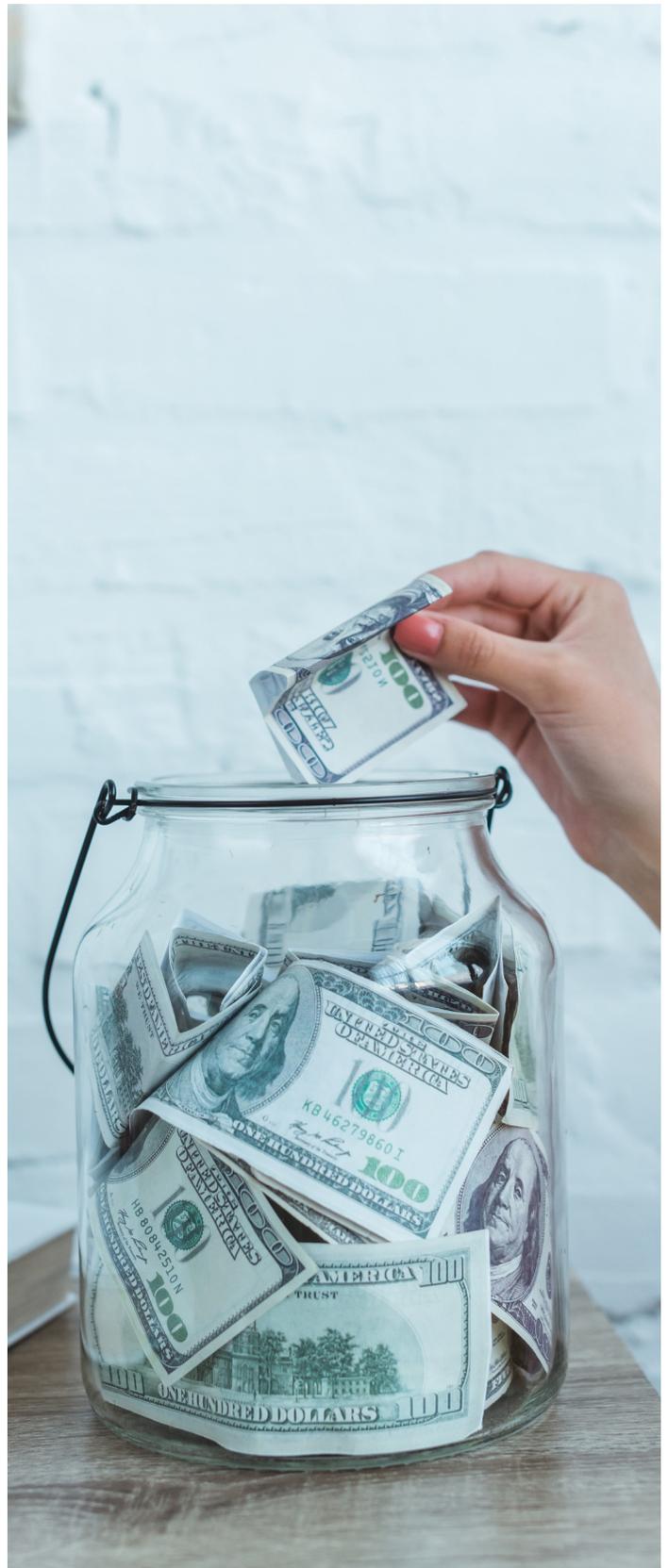
All KIPP New Jersey and KIPP Miami employees have access to one-on-one financial coaching through Spring.

Spring has educational videos and tools that will help you budget better, create a savings plan, pay for college, and work toward retirement goals while reducing debt.

You can also schedule a one-on-one meeting with a Spring advisor for more personalized help with any of the following:

- Build savings
- Reduce debt
- Reach financial goals
- Prepare for retirement
- Budget for a big purchase, like a home or a vacation
- And much more!

Visit hellospring.io to create your account and learn more.



CARRIER CONTACTS

BENEFIT/CARRIER	PHONE	WEBSITE
Medical/Dental Aetna	800-872-3862	www.aetna.com
Health Savings Accounts PayFlex	844-729-3539	www.payflex.com
Vision Aetna	877-973-3238	www.aetnavision.com
Life/AD&D The Hartford	888-563-1124	www.thehartfordatwork.com
Accident/Hospital Indemnity Compass/ Voya	855-663-8692	www.voya.com
Flexible Spending Accounts (FSA) and Commuter Benefits Discovery Benefits/WEX	866-451-3399	www.discoverybenefits.com
Employee Assistance Program (EAP) SupportLinc	888-881-5462	https://kippnj.mysupportportal.com
NJ Division of Pension and Benefits	609-292-7524	www.state.nj.us/treasury/pensions
Member Advocacy	800-563-9929	www.connerstrong.com/ memberadvocacy
Benefits Information	800-563-9929	www.kippteamandfamilybenefits.org



LEGAL NOTICES

Notice Regarding Special Enrollment

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program) If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage.

Loss of coverage for Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or CHIP. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within [30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Human Resources

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and

LEGAL NOTICES

you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - Medicaid
Health Insurance Premium Payment (HIPP) Program
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: <http://www.kdheks.gov/hcf/default.htm>
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIP.PPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-442-6003
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: -800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: <http://www.mass.gov/eohhs/gov/departments/masshealth-premium-assistance-pa>
Phone: 1-800-862-4840

MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 1-573-751-2005

MONTANA – Medicaid
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

LEGAL NOTICES

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>

Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/hipp/>

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>

Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 800-251-1269

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

KIPP: NJ **KIPP: MIAMI**

KIPP: NJ and KIPP: Miami reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.